2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 07, 2007 8:00 am Secretary of State DOCUMENT # P03000109749 1. Entity Name 08-07-2007 90028 044 ***163.75 ROSADO ENTERPRISES, INC. Principal Place of Business Mailing Address 1202BARANOVA RD 1202BARANOVA RD OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAMe Suite, Apt. #, etc. Suite. Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State 4. FEI Number City & State Applied For 87-0714180 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSAdo Name Jose ROSADO, JOSE 1202 BARANOVA RD Street Address (P.O. Box Number is Not Acceptable) **OCOEE FL 34761** City A POPKA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or named purple of registered agont and life if applicable (NOTE Registered Agent signature required when rejustating) DATE FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. JUSE ROSADO Trail 2185 CIAPPEN Trail TITLE **Delete** TITLE ☐ Change Addition ROSADO, JOSE NAME NAME APOPKA 76 32703 STREET ADDRESS 1202 BARANOVA RD STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete Tills ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachilent with an address, with all other like empowered.

FILED